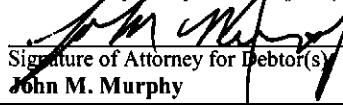


United States Bankruptcy Court  
Eastern District of Wisconsin

## Voluntary Petition

|   |   |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Schlender Jr, Alfred, H.</b>   |   | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>Schlender, Kristine, A.</b>  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):<br><b>Kristine A. Swanson</b>  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): <b>2751</b>   |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): <b>7180</b>   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| Street Address of Debtor (No. & Street, City, and State):<br><b>W5213 Sterlingworth Ct.</b><br><b>Elkhorn, WI</b>   |   | Street Address of Joint Debtor (No. & Street, City, and State):<br><b>W5213 Sterlingworth Ct.</b><br><b>Elkhorn, WI</b>   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| ZIP CODE <b>53121</b>   |   | ZIP CODE <b>53121</b>   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| County of Residence or of the Principal Place of Business:<br><b>Walworth</b>   |   | County of Residence or of the Principal Place of Business:<br><b>Walworth</b>   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address of Debtor (if different from street address):   |   | Mailing Address of Joint Debtor (if different from street address):   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| ZIP CODE  |   | ZIP CODE  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| Location of Principal Assets of Business Debtor (if different from street address above):   |   | ZIP CODE  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check one box.)   | <b>Nature of Business</b><br>(Check one box)  |   | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)<br><hr/>  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)  |   | <input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
|   |   | <b>Nature of Debts</b><br>(Check one box)   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
|   |   | <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."<br><input type="checkbox"/> Debts are primarily business debts.  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <b>Filing Fee</b> (Check one box)   |   | <b>Chapter 11 Debtors</b>   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Full Filing Fee attached<br><br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.<br><br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  |   | <b>Check one box:</b><br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><br><b>Check if:</b><br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.<br><br><b>Check all applicable boxes</b><br><input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <b>Statistical/Administrative Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="padding: 2px;">□ Debtor estimates that funds will be available for distribution to unsecured creditors.</td> <td rowspan="2" style="vertical-align: top; width: 15%;"><b>THIS SPACE IS FOR COURT USE ONLY</b></td> </tr> <tr> <td colspan="10" style="padding: 2px;"> <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.         </td> </tr> </table> |   |   |  | □ Debtor estimates that funds will be available for distribution to unsecured creditors. |  |  |  |  |  |   |  |  |  | <b>THIS SPACE IS FOR COURT USE ONLY</b> | <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. |  |  |  |  |  |  |  |  |  |
| □ Debtor estimates that funds will be available for distribution to unsecured creditors.  |   |   |  |  |  |  |  |  |  | <b>THIS SPACE IS FOR COURT USE ONLY</b> |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  |   |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <b>Estimated Number of Creditors</b><br><input checked="" type="checkbox"/> <input type="checkbox"/><br>1- 50- 100- 200- 1,000- 5,001- 10,001- 25,001- 50,001- Over<br>49 99 199 999 5,000 10,000 25,000 50,000 100,000 100,000  |   |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <b>Estimated Assets</b><br><input checked="" type="checkbox"/> <input type="checkbox"/><br>\$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More than<br>\$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$100 million \$500 million \$1 billion \$1 billion  |   |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <b>Estimated Liabilities</b><br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/><br>\$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More than<br>\$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$100 million \$500 million \$1 billion \$1 billion   |   |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |



|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <b>Voluntary Petition</b><br>(This page must be completed and filed in every case)  |                                     | Name of Debtor(s):<br><b>Alfred H. Schlender Jr, Kristine A. Schlender</b>  |  |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)  |                                     |   |  |
| Location<br>Where Filed: <b>Eastern District of Wisconsin</b>   | Case Number:<br><b>08-23679-JES</b> | Date Filed:<br><b>April 14, 2008</b>  |  |
| Location<br>Where Filed:  | Case Number:                        | Date Filed:   |  |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)   |                                     |   |  |
| Name of Debtor:<br><b>NONE</b>  | Case Number:                        | Date Filed:   |  |
| District:   | Relationship:                       | Judge:  |  |
| <b>Exhibit A</b><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  |                                     | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). |  |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition.  |                                     | X <br>Signature of Attorney for Debtor(s)<br><b>John M. Murphy</b> <span style="float: right;">04/23/08</span><br>Date<br><b>1035106</b>  |  |
| <b>Exhibit C</b>  |                                     |   |  |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  |                                     |   |  |
| <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No   |                                     |   |  |
| <b>Exhibit D</b>  |                                     |   |  |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  |                                     |   |  |
| <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.   |                                     |   |  |
| If this is a joint petition:  |                                     |   |  |
| <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.  |                                     |   |  |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box)   |                                     |   |  |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |                                     |   |  |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)   |                                     |   |  |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).   |                                     |   |  |
| _____<br>(Name of landlord that obtained judgment)  |                                     |   |  |
| _____<br>(Address of landlord)  |                                     |   |  |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and   |                                     |   |  |
| <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.   |                                     |   |  |
| <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).  |                                     |   |  |

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re Alfred H. Schlender Jr Kristine A. Schlender  
 Debtors

Case No. 08-23679 jesChapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS             | LIABILITIES          | OTHER       |
|---|----------------------|---------------|--------------------|----------------------|-------------|
| A - Real Property   | YES                  | 1             | \$ 0.00            |                      |             |
| B - Personal Property   | YES                  | 3             | \$ 9,085.00        |                      |             |
| C - Property Claimed<br>as Exempt   | YES                  | 1             |                    |                      |             |
| D - Creditors Holding<br>Secured Claims   | YES                  | 1             |                    | \$ 16,000.00         |             |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | YES                  | 2             |                    | \$ 1,987.89          |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | YES                  | 6             |                    | \$ 237,700.65        |             |
| G - Executory Contracts and<br>Unexpired Leases                                       | YES                  | 1             |                    |                      |             |
| H - Codebtors   | YES                  | 1             |                    |                      |             |
| I - Current Income of<br>Individual Debtor(s)   | YES                  | 1             |                    |                      | \$ 6,750.00 |
| J - Current Expenditures of<br>Individual Debtor(s)                                   | YES                  | 2             |                    |                      | \$ 6,750.00 |
| <b>TOTAL</b>  |                      | <b>19</b>     | <b>\$ 9,085.00</b> | <b>\$ 255,688.54</b> |             |

United States Bankruptcy Court  
Eastern District of WisconsinIn re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679-jes  
Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount             |
|---|--------------------|
| Domestic Support Obligations (from Schedule E)  | \$ 0.00            |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$ 1,987.89        |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00            |
| Student Loan Obligations (from Schedule F)  | \$ 0.00            |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.                  | \$ 0.00            |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ 0.00            |
| <b>TOTAL</b>  | <b>\$ 1,987.89</b> |

**State the following:**

|   |             |
|---|-------------|
| Average Income (from Schedule I, Line 16)   | \$ 6,750.00 |
| Average Expenses (from Schedule J, Line 18)   | \$ 6,750.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 ) | \$ 560.00   |

**State the following:**

|  |             |              |
|--|-------------|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |             | \$8,650.00   |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 1,987.89 |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |             | \$0.00       |
| 4. Total from Schedule F   |             | \$237,700.65 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |             | \$246,350.65 |

In re: Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes  
(if known)**SCHEDULE A - REAL PROPERTY**

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|---|-----------------------------------|--|-------------------------|
|                                      |   | Total ➤                           | <b>0.00</b>  |                         |

(Report also on Summary of Schedules.)

**SCHEDULE B - PERSONAL PROPERTY**

| TYPE OF PROPERTY  | NONE | DESCRIPTION AND LOCATION OF PROPERTY  | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------|---|-----------------------------------|--|
| 1. Cash on hand   | X    |   |                                   |  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |      | <b>Checking account<br/>Guaranty Bank<br/>Delavan, WI 53115</b>                 | H                                 | <b>10.00</b>   |
| Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                         |      | <b>Checking account<br/>US Bank<br/>Elkhorn, WI</b>                             | W                                 | <b>10.00</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   |      | <b>Landlord<br/>Mike Lynch<br/>3247 S. Elmwood Ave<br/>Greenfield, WI 53219</b> | J                                 | <b>800.00</b>  |
| 4. Household goods and furnishings, including audio, video, and computer equipment.   |      | <b>Miscellaneous households</b>   | J                                 | <b>350.00</b>  |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   |      | <b>Miscellaneous movies, cds, bookds</b>  | J                                 | <b>100.00</b>  |
| 6. Wearing apparel.   |      | <b>Miscellaneous clothing</b>   | J                                 | <b>150.00</b>  |
| 7. Furs and jewelry.  | X    |   |                                   |  |
| 8. Firearms and sports, photographic, and other hobby equipment.  | X    |   |                                   |  |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X    |   |                                   |  |
| 10. Annuities. Itemize and name each issuer.  | X    |   |                                   |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X    |   |                                   |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X    |   |                                   |  |
|   |      |   |                                   |  |

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY   | NONE | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------|--|-----------------------------------|--|
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.  |      | <b>100% owner</b><br>d/b/a Al's Drywall Service<br><b>Assets are:</b><br>Tools/supplies 3000.00<br>Computer 200.00<br>Checking acct 2.00<br>Peoples Bank<br>Elkhorn, WI<br><br><b>Total assets of business:</b><br>\$3,202.00<br><b>NOTE:</b><br><b>Total business debts exceed assets. Total value: 0</b> | H                                 | 0.00   |
| Stock and interests in incorporated and unincorporated businesses. Itemize.  |      | <b>100% owner</b><br>d/b/a Kristine Clean<br><b>Assets are:</b><br>Supplies 100.00<br>Vacuum 100.00<br><b>Total value of busienss:</b><br>200.00   | W                                 | 200.00   |
| 14. Interests in partnerships or joint ventures. Itemize.  | X    |  |                                   |  |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.   | X    |  |                                   |  |
| 16. Accounts receivable.   | X    |  |                                   |  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.   | X    |  |                                   |  |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.   | X    |  |                                   |  |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.       | X    |  |                                   |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | X    |  |                                   |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X    |  |                                   |  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.  | X    |  |                                   |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.   | X    |  |                                   |  |
|  |      |  |                                   |  |

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY  | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------|--------------------------------------|-----------------------------------|--|
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X    |                                      |                                   |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |      | 2004 Kia Sorento LX Sport Utility 4D |                                   | 7,350.00   |
| 26. Boats, motors, and accessories.   | X    |                                      |                                   |  |
| 27. Aircraft and accessories.   | X    |                                      |                                   |  |
| 28. Office equipment, furnishings, and supplies.  | X    |                                      |                                   |  |
| 29. Machinery, fixtures, equipment and supplies used in business.   |      | Miscellaneous household tools        |                                   | 100.00   |
| 30. Inventory.  | X    |                                      |                                   |  |
| 31. Animals.  |      | 2 dogs; 1 cat                        |                                   | 15.00  |
| 32. Crops - growing or harvested. Give particulars.   | X    |                                      |                                   |  |
| 33. Farming equipment and implements.   | X    |                                      |                                   |  |
| 34. Farm supplies, chemicals, and feed.   | X    |                                      |                                   |  |
| 35. Other personal property of any kind not already listed. Itemize.  | X    |                                      |                                   |  |
| 2 continuation sheets attached  |      |                                      |                                   | Total <b>\$ 9,085.00</b>   |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

# WISCONSIN CERTIFICATE OF TITLE

|   |                                   |                                       |                                  |                                  |                                    |  |
|---|-----------------------------------|---------------------------------------|----------------------------------|----------------------------------|------------------------------------|--|
| Vehicle Identification Number<br><b>KNDJC733045285477</b> | Year<br><b>2004</b>               | Make<br><b>KIA MOTORS CORPORATION</b> |                                  |                                  |                                    |  |
| Title Number<br><b>062630373006-6</b>                     | Issue Date<br><b>09/20/2006</b>   | Chassis Type<br><b>TRUK</b>           | Odometer Reading<br><b>25412</b> | Odometer Status<br><b>ACTUAL</b> | Odometer Date<br><b>09/19/2006</b> |  |
| Product Number<br><b>95933062637</b>                      | Body Style<br><b>SPORTUTILITY</b> | Color                                 |                                  |                                  |                                    |  |

**Titled Owner(s)**

SCHLENDER ALFRED H JR  
W5213 STERLINGWORTH CT  
ELKHORN, WI 53121

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

**KNDJC733045285477**

**Lien Holder(s)**

00042394 DRIVE FINANCIAL SERVICES, DALLAS

**Additional Vehicle Detail**

PREVIOUSLY TITLED IN: IL

**SELLER:** When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

**PURCHASER:** Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



**MAIL ADDRESS:**  
Wisconsin Department of Transportation  
PO Box 7949, Madison, WI 53707-7949

**QUESTIONS:**  
Contact the Division of Motor Vehicles at:  
414-266-1148, 608-261-2583, 800-924-3570  
[www.dot.wisconsin.gov](http://www.dot.wisconsin.gov)

21452

6-1-3487329  
T055 5/2004

493240

**COMPANY NAME:** FARMERS INSURANCE EXCHANGE, LOS ANGELES, CALIFORNIA

**EVIDENCE OF INSURANCE FOR LIENHOLDER INTERESTS**

|  |  |
|--|--|
| INSURED'S NAME & ADDRESS:<br>KRISTINE SCHLENDER<br>ALFRED SCHLENDER<br>WS213 STERLINGWORTH<br>ELKHORN WI 53121 | POLICY NO: 34 17543-17-99<br>POLICY EDITION: 4TH<br>EFFECTIVE DATE: 03/31/2008<br>EXPIRATION DATE: 03/31/2009<br>EXPIRATION TIME: 12:01 AM |
| ISSUING OFFICE:<br>Austin Service Point<br>15700 Long Vista Dr., Austin, TX 78728                              | AGENT: William Bixby<br>AGENT NO: 34 09 347 AGENT PHONE: (262)723-8051   |

**DESCRIPTION OF VEHICLE**

| Year | Make | Model         | Vehicle Identification Number |
|------|------|---------------|-------------------------------|
| 2004 | KIA  | SORENTO LX/EX | KNDJC733045285477             |

**COVERAGES**

\* ENTRIES IN THOUSANDS OF DOLLARS.

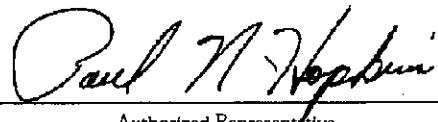
| Bodily Injury |                 | P.D.        | Uninsured Motorist |                 | Medical/<br>No Fault | Comp.<br>Deductible | Collision<br>Deductible | Towing | Non-Auto |            |
|---------------|-----------------|-------------|--------------------|-----------------|----------------------|---------------------|-------------------------|--------|----------|------------|
|               |                 |             | Bodily Injury      | P.D.            |                      |                     |                         |        |          |            |
| *             | 500             | *           | 500                | *               | NC                   | 10000               | 750                     | 750    | Cov      | NC         |
| Each Person   | Each Occurrence | Each Person | Each Occurrence    | Each Occurrence |                      |                     |                         |        | Liab.    | NC Medical |

This evidence is subject to all of the terms, conditions and limitations set forth in the policy(ies) and endorsements attached to it. It is furnished as a matter of information only and does not change, modify or extend the policy in any way. It supersedes all previously issued certificates.

1st Lienholder:

DRIVE  
PO BOX 660633  
DALLAS TX 75266

Additional Interest:



Authorized Representative

04/23/2008

Date

AGENT NAME & ADDRESS:  
William Bixby  
21 S Wisconsin St  
Elkhorn WI 53121-1738

AGENT NO: 34 09 347  
AGENT PHONE: (262)723-8051

## COVERAGE DESIGNATIONS

COVERAGES -- Indicated by "COV" or the limit of Company's liability against each coverage. "NC" or "NOT COV" means "NOT COVERED." "MAX" means "Maximum Deductible."

|                    |   |               |  |
|--------------------|---|---------------|--|
| BODILY INJURY      | — Bodily Injury Liability   | COMPREHENSIVE | — Comprehensive Car Damage   |
| P.D.               | — Property Damage Liability   | COLLISION     | — Collision - Upset  |
| UNINSURED MOTORIST | — Benefits for Bodily Injury (including property damage coverage if policy issued in New Mexico) caused by Uninsured Motorists  | NON-AUTO      | — Comprehensive Personal Liability - Each occurrence.<br>Medical Payments to Others - Each Person.<br>Damage to Property of Others - See Policy for Limits per occurrence. |
| MEDICAL            | — Medical Expense Insurance, Family Medical Expense, and Guest Medical Expense - See Policy Provision.<br>If policy contains the E-550 No-Fault Endorsement or No-Fault Coverage D, Auto Medical Expense Coverage does not apply. | TOWING        | — Towing & Road Service Coverage.  |
| NO-FAULT           | — See Endorsement E-550 (Illinois E-2250) or Coverage D if applicable.  | OTHER         | — One or more miscellaneous coverages added by endorsement to the policy.  |

## LOSS PAYABLE PROVISIONS

(Applicable only if lienholder is named, and no other Automobile loss payable endorsement is attached to the policy)

It is agreed that any payment for loss or damage to the vehicle described in this policy shall be made on the following basis:

- (1) At our option, loss or damage shall be paid as interest may appear to the policyholder and the lienholder shown in the Declarations, or by repair of the damaged vehicle.
- (2) Any act or neglect of the policyholder or a person acting on his behalf shall not void the coverage afforded to the lienholder.
- (3) Change in title or ownership of the vehicle, or error in its description shall not void coverage afforded to the lienholder.

The policy does not cover conversion, embezzlement or secretion of the vehicle by the policyholder or anyone acting in his behalf while in possession under a contract with the lienholder.

A payment may be made to the lienholder which we would not have been obligated to make except for these terms. In such event, we are entitled to all the rights of the lienholder to the extent of such payment. The lienholder shall do whatever is necessary to secure such rights. No subrogation shall impair the right of the lienholder to recover the full amount of its claim.

We reserve the right to cancel this policy at any time as provided by its terms. In case of cancellation or lapse we will notify the lienholder at the address shown in the Declarations. We will give the lienholder advance notice of not less than 10 days from the effective date of such cancellation or lapse as respects his interest. Mailing notice to the loss payee is sufficient to effect cancellation.

The following applies as respects any loss adjusted with the mortgagee interest only:

- (1) Any deductible applicable to Comprehensive Coverage shall not exceed \$250.
- (2) Any deductible applicable to Collision Coverage shall not exceed \$250.

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds  
\$136,875

| DESCRIPTION OF PROPERTY   | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|---|--------------------------------------|----------------------------|---|
| 100% owner<br>d/b/a Kristine Clean<br>Assets are:<br>Supplies 100.00<br>Vacuum 100.00<br>Total value of business:<br>200.00 | 11 USC §522(d)(6)                    | 200.00                     | 200.00  |
| 2 dogs; 1 cat   | 11 USC § 522(d)(3)                   | 15.00                      | 15.00   |
| Checking account<br>Guaranty Bank<br>Delavan, WI 53115  | 11 USC § 522(d)(5)                   | 10.00                      | 10.00   |
| Checking account<br>US Bank<br>Elkhorn, WI  | 11 USC § 522(d)(5)                   | 10.00                      | 10.00   |
| Landlord<br>Mike Lynch<br>3247 S. Elmwood Ave<br>Greenfield, WI 53219   | 11 USC § 522(d)(5)                   | 800.00                     | 800.00  |
| Miscellaneous clothing  | 11 USC § 522(d)(3)                   | 150.00                     | 150.00  |
| Miscellaneous household tools   | 11 USC § 522(d)(3)                   | 100.00                     | 100.00  |
| Miscellaneous households  | 11 USC § 522(d)(3)                   | 350.00                     | 350.00  |
| Miscellaneous movies, cds,<br>bookds  | 11 USC § 522(d)(3)                   | 100.00                     | 100.00  |

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS** Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE AND<br>AN ACCOUNT NUMBER<br>(See Instructions, Above.) | CODEBTOR | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED, NATURE<br>OF LIEN, AND<br>DESCRIPTION AND<br>VALUE OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|----------|--------------------------------------|---|------------|--------------|----------|---|---------------------------------|
| ACCOUNT NO. <u>39534861000</u><br><br>Drive Financial Services<br>PO Box 660633<br>Dallas, TX 75266-0633            | X        | J                                    | 2008<br>Security Agreement<br>2004 Kia Sorento LX Sport Utility 4D<br><br>_____<br>VALUE \$7,350.00           |            |              |          | <u>16,000.00</u>  | <u>8,650.00</u>                 |

0 continuation sheets  
attachedSubtotal >  
(Total of this page)\$ 16,000.00 \$ 8,650.00Total >  
(Use only on last page)\$ 16,000.00 \$ 8,650.00(Report also on Summary of  
Schedules) (If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and  
Related Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

 **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**1 continuation sheets attached**

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes  
(If known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units**

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF CLAIM | AMOUNT<br>ENTITLED TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED TO<br>PRIORITY, IF<br>ANY |
|---|----------|--------------------------------------|--|------------|--------------|----------|--------------------|-----------------------------------|---|
| ACCOUNT NO.<br><br><b>IRS<br/>Cincinnati, OH 45999-0025</b><br><br><b>Internal Revenue Service/Insolvency<br/>Stop 5301 MIL<br/>Insolvency Unit<br/>310 W. Wisconsin Ave.<br/>Milwaukee, WI 53203</b> |          | J                                    | <b>2006<br/>Taxes 2006</b>                                   |            |              | X        | <b>1,814.48</b>    | <b>1,814.48</b>                   | <b>0.00</b>   |
| ACCOUNT NO.<br><br><b>Wisconsin Department of Revenue<br/>PO Box 8901<br/>Madison, WI 53708</b>   |          | J                                    | <b>2007<br/>Taxes</b>  |            |              |          | <b>173.41</b>      | <b>173.41</b>                     | <b>0.00</b>   |

Sheet no. 1 of 1 continuation sheets attached to Schedule of  
Creditors Holding Priority ClaimsSubtotals  
(Totals of this page)

|             |             |         |
|-------------|-------------|---------|
| \$ 1,987.89 | \$ 1,987.89 | \$ 0.00 |
| \$ 1,987.89 |             |         |
|             | \$ 1,987.89 | \$ 0.00 |

Total >  
(Use only on last page of the completed  
Schedule E. Report also on the Summary of  
Schedules.)Total >  
(Use only on last page of the completed  
Schedule E. If applicable, report also on the  
Statistical Summary of Certain Liabilities and  
Related Data.)

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>C83223</b>   | X J  | 2007<br><b>Services</b>   |            |              |          | <b>293.20</b>      |
| <b>Ameritech Publishing</b><br>c/o Muller, Muller, Richmond, Harms<br>Myers & Sgroi<br>33233 Woodward Ave., Box 3026<br>Birmingham, MI 48009-0903   |  |   |            |              |          |                    |
| ACCOUNT NO. <b>File # C80772</b>  | X J  | 2008<br><b>Possible Law Suit</b>  |            |              |          | <b>200,000.00</b>  |
| <b>Anthony McCarthy</b><br>c/o Showpalace - Gentlemen's Club<br>N2505 US Hwy 14<br>Darien, WI 53114   |  |   |            |              |          |                    |
| ACCOUNT NO. <b>AT&amp;T Yellow Pages.com</b><br>c/o McCarthy, Burgess & Wolff<br>The MB & W Building<br>26000 Cannon Road<br>Cleveland, OH 44146<br><br><b>Yellow Pages.com</b><br>PO Box 650098<br>Dallas, TX 75265-0098 | X J  | 2007-<br><b>Services</b>  |            |              |          | <b>534.00</b>      |
| ACCOUNT NO. <b>Big State Industrial Supply, Inc.</b><br>PO Box 5410<br>Riverside, CA 92507  | X J  | 2006<br><b>Miscellaneous goods</b>  |            |              |          | <b>223.96</b>      |

5 Continuation sheets attached

|            |                      |
|------------|----------------------|
| Subtotal > | \$ <b>201,051.16</b> |
|            |                      |
| Total >    | \$                   |
|            |                      |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--|---|------------|--------------|----------|--------------------|
|   |  |   |            |              |          |                    |
| ACCOUNT NO. <b>xxx5489 A</b>  | <b>J</b>   | <b>2006</b><br><b>Advertising</b>   |            |              |          | <b>524.90</b>      |
| <b>Business Review<br/>4000 East 5th Ave.<br/>Columbus, OH 43219</b>  |  |   |            |              |          |                    |
| ACCOUNT NO. <b>xxx2839</b>  | <b>J</b>   | <b>2007</b><br><b>Tools ordered, not received</b>   |            | <b>X</b>     |          | <b>316.80</b>      |
| <b>Cal-Pacific Products<br/>Santa Fe Freight<br/>20725 Prairie St.<br/>Chatsworth, CA 91311</b>               |  |   |            |              |          |                    |
| ACCOUNT NO. <b>xxxx-7003</b>  | <b>J</b>   | <b>2007-08</b><br><b>Miscellaneous consumer goods</b>   |            |              |          | <b>354.75</b>      |
| <b>First Premier Bank<br/>PO Box 5519<br/>Sioux Falls, SD 57117-5519</b>                                      |  |   |            |              |          |                    |
| ACCOUNT NO. <b></b>   | <b>J</b>   | <b>2007</b><br><b>Supplies</b>  |            |              |          | <b>5,000.00</b>    |
| <b>Gypson Supply<br/>976 Proctor Dr.<br/>Elkhorn, WI 53121</b>  |  |   |            |              |          |                    |
| ACCOUNT NO. <b>xxxx-2026</b>  | <b>J</b>   | <b>2006-08</b><br><b>Miscellaneous goods</b>  |            |              |          | <b>600.00</b>      |
| <b>Home Depot Credit Services<br/>Customer Service<br/>PO Box 689100<br/>Des Moines, IA 50368-9100</b>        |  |   |            |              |          |                    |

Sheet no. 1 of 5 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

|            |                    |
|------------|--------------------|
| Subtotal > | \$ <b>6,796.45</b> |
|            |                    |
| Total >    | \$ <b></b>         |
|            |                    |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes  
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>xxxxx-2130</b>   |          | <b>J</b>                             | <b>2007-08</b><br><b>Miscellaneous consumer goods</b>   |            |              |          | <b>511.88</b>      |
| HSBC Card Services<br>PO Box 81622<br>Salinas, CA 93912-1622  |          |                                      |   |            |              |          |                    |
| ACCOUNT NO. <b>                  </b>   | <b>X</b> | <b>J</b>                             | <b>2006</b><br><b>Miscellaneous goods</b>   |            |              |          | <b>958.79</b>      |
| Janesville Door<br>3108 McCormick<br>Janesville, WI 53546   |          |                                      |   |            |              |          |                    |
| Credit Management Services<br>1611 West County Road B, STe 306<br>St. Paul, MN 55113                          |          |                                      |   |            |              |          |                    |
| ACCOUNT NO. <b>                  </b>   |          | <b>J</b>                             | <b>2007</b><br><b>Materials</b>   |            |              |          | <b>239.49</b>      |
| JJ MacIntyre Co.<br>P.O. Box 78150<br>Corona, CA 92877-0121   |          |                                      |   |            |              |          |                    |
| ACCOUNT NO. <b>                  </b>   |          | <b>J</b>                             | <b>2007</b><br><b>Miscellaneous goods</b>   |            |              |          | <b>800.00</b>      |
| Lauderdale Lakes Marina<br>N7536 Sterlingworth Drive<br>Elkhorn, WI 53121                                     |          |                                      |   |            |              |          |                    |

Sheet no. 2 of 5 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

|            |                              |
|------------|------------------------------|
| Subtotal > | \$ <b>2,510.16</b>           |
|            |                              |
| Total >    | \$ <b>                  </b> |
|            |                              |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679-jes

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|--|---|------------|--------------|----------|--------------------|
|  |  |   |            |              |          |                    |
| ACCOUNT NO. <u>all family accounts</u>   | <u>J</u>   | <b>2007-08</b><br><b>Medical Services</b>   |            |              |          | <b>9,403.44</b>    |
| <b>Mercy Health System</b><br><b>PO Box 5003</b><br><b>Janesville, WI 53547-5003</b>                           |  |   |            |              |          |                    |
| ACCOUNT NO. <u>all family accounts</u>   | <u>J</u>   | <b>2007</b><br><b>Medical Services</b>  |            |              |          | <b>789.20</b>      |
| <b>MHS Physician Services</b><br><b>PO Box 5081</b><br><b>Janesville, WI 53547-5081</b>                        |  |   |            |              |          |                    |
| <b>Key Financial Services, LLC</b><br><b>PO Box 6216</b><br><b>Madison, WI 53716-0216</b>                      |  |   |            |              |          |                    |
| ACCOUNT NO. <u></u>  | <u>X</u> <u>J</u>                                | <b>2008</b><br><b>Supplies</b><br><b>Money damages</b><br><b>Judgment Case #08CV00405</b>                   |            |              |          | <b>5,062.39</b>    |
| <b>Midwest Drywall Supply</b><br><b>1080 Proctor Drive</b><br><b>Elkhorn, WI</b>                               |  |   |            |              |          |                    |
| <b>Petrie &amp; Stocking, S.C.</b><br><b>111 East Wisconsin Ave., Suite 1500</b><br><b>Milwaukee, WI 53202</b> |  |   |            |              |          |                    |

Sheet no. 3 of 5 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority ClaimsSubtotal > \$ **15,255.03**

Total &gt;

\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679-jes

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE |    |   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--|---|----|---|------------|--------------|----------|--------------------|
|   |  | ACCOUNT NO.   | XX | J |            |              |          |                    |
| xxxx-6785   | X J  | 2007-08   |    |   |            |              |          | 1,132.43           |
| Sam's Club<br>c/o GE Money Bank<br>Attn: Bankruptcy Dept.<br>PO Box 103104<br>Roswell, GA 30076               |  | Miscellaneous consumer goods  |    |   |            |              |          |                    |
| Sam's Club<br>PO Box 981064<br>El Paso, TX 79998-1064   |  |   |    |   |            |              |          |                    |
| D& S, LTD<br>231 Main St., Suite 240<br>Round Rock, TX 78664  |  |   |    |   |            |              |          |                    |
| ACCOUNT NO.   | J  | 2007  |    |   |            |              |          | 1,100.00           |
| Security Finance Corp.<br>1421 Racine Street, Suite C<br>Delavan, WI 53115                                    |  | Miscellaneous goods   |    |   |            |              |          |                    |
| xxx89-00  | X J  | 2006  |    |   |            |              |          | 480.00             |
| The Berry Company<br>PO Box 710298<br>Cincinnati, OH 45271-0298   |  | Advertising   |    |   |            |              |          |                    |

Sheet no. 4 of 5 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority ClaimsSubtotal > \$ 2,712.43

\$

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679-jes

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                    | CODEBTOR<br><br><input type="checkbox"/> HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|---|---|------------|--------------|----------|--------------------|
|  |   |   |            |              |          |                    |
| ACCOUNT NO. <b>xxxx-932-1</b>  | <input checked="" type="checkbox"/> J   | 2006<br><br>Services  |            |              |          | <b>700.00</b>      |
| <b>Veolia Environmental Services<br/>1215 Klement St.<br/>Fort Atkinson, WI 53538</b>  |   |   |            |              |          |                    |
| <b>Receivable Management Services<br/>4836 Brecksville Road<br/>PO Box 539<br/>Richfield, OH 474286</b>  |   |   |            |              |          |                    |
| ACCOUNT NO. <b>xxx3323D</b>  | <input type="checkbox"/> J  | October 2004<br><br>2001 Ford F150 truck totaled in<br>accident, insurance did not cover                    |            |              |          | <b>3,037.71</b>    |
| <b>Vital Recovery Serv Inc.<br/>P.O. Box 923747<br/>Norcross, GA 30010-3747</b>  |   |   |            |              |          |                    |
| ACCOUNT NO. <b>1863-134-446</b>  | <input type="checkbox"/> J  | 2005<br><br>Balance due after vechicle totaled in<br>accident   |            |              |          | <b>3,037.71</b>    |
| <b>Vital Recovery Services, Inc.<br/>Agent for WFS Financial<br/>&amp; Wachovia Dealer Services<br/>PO Box 923747<br/>Nocross, GA 30010-3747</b> |   |   |            |              |          |                    |
| ACCOUNT NO. <b>1863-134-446</b>  | <input type="checkbox"/> J  | 2008<br><br>Utilities   |            |              |          | <b>2,600.00</b>    |
| <b>We Energies<br/>PO Box 2046<br/>Milwaukee, WI53201-2046</b>   |   |   |            |              |          |                    |

Sheet no. 5 of 5 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

|          |   |                      |
|----------|---|----------------------|
| Subtotal | ➤ | \$ <b>9,375.42</b>   |
| Total    | ➤ | \$ <b>237,700.65</b> |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re: Alfred H. Schlender Jr Kristine A. Schlender  
DebtorsCase No. 08-23679 jes  
(If known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES** Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF<br>DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR<br>NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|---|
|   |   |

**SCHEDULE H - CODEBTORS**

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR  |
|---|---|
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>Ameritech Publishing<br/>c/o Muller, Muller, Richmond, Harms<br/>Myers &amp; Sgroi<br/>33233 Woodward Ave., Box 3026<br/>Birmingham, MI 48009-0903</b> |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>Anthony McCarthy<br/>c/o Showpalace - Gentlemen's Club<br/>N2505 US Hwy 14<br/>Darien, WI 53114</b>  |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>AT&amp;T Yellow Pages.com<br/>c/o McCarthy, Burgess &amp; Wolff<br/>The MB &amp; W Building<br/>26000 Cannon Road<br/>Cleveland, OH 44146</b>          |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>Big State Industrial Supply, Inc.<br/>PO Box 5410<br/>Riverside, CA 92507</b>  |
| <b>Al's Drywall Supply<br/>1080 Proctor Drive<br/>Elkhorn, WI 53121</b>         | <b>Drive Financial Services<br/>PO Box 660633<br/>Dallas, TX 75266-0633</b>   |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>Janesville Door<br/>3108 McCormick<br/>Janesville, WI 53546</b>  |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>Midwest Drywall Supply<br/>1080Proctor Drive<br/>Elkhorn, Wi</b>   |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>Sam's Club<br/>c/o GE Money Bank<br/>Attn: Bankruptcy Dept.<br/>PO Box 103104<br/>Roswell, GA 30076</b>  |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>The Berry Company<br/>PO Box 710298<br/>Cincinnati, OH 45271-0298</b>  |
| <b>Al's Drywall Service<br/>W5213 Sterlingworth Court<br/>Elkhorn, WI 53121</b> | <b>Veolia Environmental Services<br/>1215 Klement St.<br/>Fort Atkinson, WI 53538</b>   |

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

|  |  |        |
|--|--|--------|
| Debtor's Marital Status: <b>Married</b>                                  | DEPENDENTS OF DEBTOR AND SPOUSE              |        |
|  | RELATIONSHIP(S): _____ AGE(S): _____         |        |
| Employment: _____  | DEBTOR                                       | SPOUSE |
| Occupation <b>Drywaller</b>  | House cleaner                                |        |
| Name of Employer <b>Al's Drywall Service</b>                             | Kristine Clean                               |        |
| How long employed <b>6 years</b>   | 4 years                                      |        |
| Address of Employer <b>W5213 Sterlingworth Ct.<br/>Elkhorn, WI 53121</b> | W5213 Sterlingworth Ct.<br>Elkhorn, WI 53121 |        |

INCOME: (Estimate of average or projected monthly income at time case filed)

|   | DEBTOR             | SPOUSE           |
|---|--------------------|------------------|
| 1. Monthly gross wages, salary, and commissions<br>(Prorate if not paid monthly.)   | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 2. Estimate monthly overtime  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 3. SUBTOTAL   | <u>\$ 0.00</u>     | <u>\$ 0.00</u>   |
| 4. LESS PAYROLL DEDUCTIONS  |                    |                  |
| a. Payroll taxes and social security  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| b. Insurance  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| c. Union dues   | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| d. Other (Specify) _____  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS   | <u>\$ 0.00</u>     | <u>\$ 0.00</u>   |
| 6. TOTAL NET MONTHLY TAKE HOME PAY  | <u>\$ 0.00</u>     | <u>\$ 0.00</u>   |
| 7. Regular income from operation of business or profession or farm<br>(Attach detailed statement)                           | \$ <u>6,100.00</u> | \$ <u>650.00</u> |
| 8. Income from real property  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 9. Interest and dividends   | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 11. Social security or other government assistance<br>(Specify) _____   | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 12. Pension or retirement income  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 13. Other monthly income<br>(Specify) _____   | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 14. SUBTOTAL OF LINES 7 THROUGH 13  | <u>\$ 6,100.00</u> | <u>\$ 650.00</u> |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  | <u>\$ 6,100.00</u> | <u>\$ 650.00</u> |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)   | <u>\$ 6,750.00</u> |                  |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.: **Debtor volume of work has decreased, thus income has decreased. Unknown what changes to anticipate in coming year. Joint debtor income is anticipated to stay the same.**

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|  |    |          |
|--|----|----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$ | 800.00   |
| a. Are real estate taxes included? Yes _____   | No | ✓        |
| b. Is property insurance included? Yes _____   | No | ✓        |
| 2. Utilities: a. Electricity and heating fuel  | \$ | 230.00   |
| b. Water and sewer   | \$ | 0.00     |
| c. Telephone   | \$ | 45.00    |
| d. Other _____   | \$ | 0.00     |
| 3. Home maintenance (repairs and upkeep)   | \$ | 0.00     |
| 4. Food  | \$ | 500.00   |
| 5. Clothing  | \$ | 75.00    |
| 6. Laundry and dry cleaning  | \$ | 0.00     |
| 7. Medical and dental expenses   | \$ | 100.00   |
| 8. Transportation (not including car payments)   | \$ | 183.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$ | 0.00     |
| 10. Charitable contributions   | \$ | 0.00     |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |    |          |
| a. Homeowner's or renter's   | \$ | 25.00    |
| b. Life  | \$ | 0.00     |
| c. Health  | \$ | 0.00     |
| d. Auto  | \$ | 115.00   |
| e. Other _____   | \$ | 0.00     |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |    |          |
| (Specify) _____  | \$ | 0.00     |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |    |          |
| a. Auto  | \$ | 493.00   |
| b. Other _____   | \$ | 0.00     |
| 14. Alimony, maintenance, and support paid to others   | \$ | 0.00     |
| 15. Payments for support of additional dependents not living at your home  | \$ | 0.00     |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$ | 4,135.00 |
| 17. Other <b>Miscellaneous</b>   | \$ | 9.00     |
| <b>Personals</b> _____   | \$ | 40.00    |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)                           | \$ | 6,750.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:<br><b>Unknown what changes will occur in coming year.</b> |    |          |
| 20. STATEMENT OF MONTHLY NET INCOME  |    |          |
| a. Average monthly income from Line 15 of Schedule I   | \$ | 6,750.00 |
| b. Average monthly expenses from Line 18 above   | \$ | 6,750.00 |
| c. Monthly net income (a. minus b.)  | \$ | 0.00     |

**UNITED STATES BANKRUPTCY COURT  
Eastern District of Wisconsin**

In re: **Alfred H. Schlender Jr**

**Kristine A. Schlender**

Case No. **08-23679 jes**

Chapter **7**

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (NOTE: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: **\$ 92,000.00**

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income: **\$ 6,100.00**

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

|   |                 |
|---|-----------------|
| 3. Net Employee Payroll (Other Than Debtor)   | <b>\$ 0.00</b>  |
| 4. Payroll Taxes  | <b>0.00</b>     |
| 5. Unemployment Taxes   | <b>0.00</b>     |
| 6. Worker's Compensation  | <b>85.00</b>    |
| 7. Other Taxes  | <b>392.08</b>   |
| 8. Inventory Purchases (Including raw materials)  | <b>1,500.00</b> |
| 9. Purchase of Feed/Fertilizer/Seed/Spray   | <b>0.00</b>     |
| 10. Rent (Other than debtor's principal residence)  | <b>0.00</b>     |
| 11. Utilities   | <b>0.00</b>     |
| 12. Office Expenses and Supplies  | <b>50.00</b>    |
| 13. Repairs and Maintenance   | <b>500.00</b>   |
| 14. Vehicle Expenses  | <b>380.00</b>   |
| 15. Travel and Entertainment  | <b>0.00</b>     |
| 16. Equipment Rental and Leases   | <b>0.00</b>     |
| 17. Legal/Accounting/Other Professional Fees  | <b>75.00</b>    |
| 18. Insurance   | <b>280.00</b>   |
| 19. Employee Benefits (e.g., pension, medical, etc.)  | <b>0.00</b>     |
| 20. Payments to Be Made Directly By Debtor to Secured Creditors For<br>Pre-Petition Business Debts (Specify): |                 |

**None**

21. Other (Specify):

|  |               |
|--|---------------|
| <b>Telephone</b>   | <b>215.00</b> |
| <b>Garbage/rubble removal</b>                              | <b>85.00</b>  |
| <b>Rent/lease machinery/equipment &amp; other bus prop</b> | <b>273.00</b> |

22. Total Monthly Expenses (Add items 3 - 21) **\$ 3,835.08**

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:**

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) **\$ 2,264.92**

In re Alfred H. Schlender Jr Kristine A. Schlender

Debtors

Case No. 08-23679 jes

(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 4-23-08

Signature:

Alfred H. Schlender Jr

Debtor

Date: 4-23-08

Signature:

Kristine A. Schlender

(Joint Debtor, if any)

[If joint case, both spouses must sign]

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

**UNITED STATES BANKRUPTCY COURT**  
**Eastern District of Wisconsin**

In re: Alfred H. Schlender Jr Kristine A. SchlenderCase No. 08-23679 jes

Debtors

(If known)

**STATEMENT OF FINANCIAL AFFAIRS**

**1. Income from employment or operation of business**

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT    | SOURCE                            | FISCAL YEAR PERIOD |
|-----------|-----------------------------------|--------------------|
| 96,650.00 | (H) d/b/a<br>Al's Drywall Service | 2006               |
| 7,500.00  | (W) d/b/a<br>Kristine Clean       | 2006               |
| 8,700.00  | (W) d/b/a<br>Kristine Clean       | 2007               |
| 92,000.00 | (H) d/b/a<br>Al's Drywall Service | 2007               |
| 3,120.00  | (W) d/b/a<br>Kristine Clean       | 2008               |
| 770.00    | (H) d/b/a<br>Al's Drywall Service | 2008               |

**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE | FISCAL YEAR PERIOD |
|--------|--------|--------------------|
|--------|--------|--------------------|

### 3. Payments to creditors

**Complete a. or b., as appropriate, and c.**

None  a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR                                       | DATES OF PAYMENTS  | AMOUNT PAID | AMOUNT STILL OWING |
|--|--|-------------|--------------------|
| Drive Financial Services<br>PO Box 660633<br>Dallas, TX 75266-0633 | Vehicle payment<br>493/month, payable on the<br>15th of each month | 1,479.00    | 16,000.00          |
| Mike Lynch<br>3247 S. Elmwood Ave.<br>Greenfield, WI 53219         | Rent<br>800/month, payable on the<br>1st of each month             | 2,400.00    | 0.00               |

None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/<br>TRANSFERS | AMOUNT PAID OR<br>VALUE OF<br>TRANSFERS | AMOUNT<br>STILL<br>OWING |
|------------------------------|---------------------------------|---|--------------------------|
|------------------------------|---------------------------------|---|--------------------------|

None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR<br>AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|--|-----------------|-------------|--------------------|
|--|-----------------|-------------|--------------------|

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER  | NATURE OF PROCEEDING | COURT OR AGENCY<br>AND LOCATION                        | STATUS OR<br>DISPOSITION |
|---|----------------------|--|--------------------------|
| Midwest Drywall Supply<br>vs. Al's Drywall Service and<br>Al Schlender Jr.<br>08CV00405 | Money damages        | State of Wisconsin<br>Circuit Court<br>Walworth County | Pending                  |

None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED | DATE OF<br>SEIZURE | DESCRIPTION<br>AND VALUE OF<br>PROPERTY |
|--|--------------------|---|
|--|--------------------|---|

#### 5. Repossessions, foreclosures and returns

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION<br>AND VALUE OF<br>PROPERTY |
|---|--|---|
|---|--|---|

#### 6. Assignments and receiverships

None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF<br>ASSIGNMENT<br>OR SETTLEMENT |
|---------------------------------|-----------------------|---|
|---------------------------------|-----------------------|---|

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND ADDRESS<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION<br>AND VALUE OF<br>PROPERTY |
|----------------------------------|---|------------------|---|
|----------------------------------|---|------------------|---|

#### 7. Gifts

None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON<br>OR ORGANIZATION | RELATIONSHIP<br>TO DEBTOR,<br>IF ANY | DATE<br>OF GIFT | DESCRIPTION<br>AND VALUE OF<br>GIFT |
|--|--------------------------------------|-----------------|-------------------------------------|
|--|--------------------------------------|-----------------|-------------------------------------|

## 8. Losses

None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION<br>AND VALUE OF<br>PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE OF<br>LOSS |
|---|--|-----------------|
|---|--|-----------------|

## 9. Payments related to debt counseling or bankruptcy

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE  | DATE OF PAYMENT,<br>NAME OF PAYOR IF<br>OTHER THAN DEBTOR | AMOUNT OF MONEY OR<br>DESCRIPTION AND VALUE<br>OF PROPERTY |
|---|---|--|
| Family Serv of So Wisc & No. III<br>423 Bluff St.<br>Beloit, WI 53111                   | April 2008  | \$50.00  |
| Murphy & Volbrecht, S.C.<br>114 W. Court Street, P.O. Box 955<br>Elkhorn, WI 53121-0955 | April 2008  | \$1500.00  |

## 10. Other transfers

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE,<br>RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY<br>TRANSFERRED<br>AND VALUE RECEIVED |
|---|------|--|
|---|------|--|

None  b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER<br>DEVICE | DATE(S) OF<br>TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY OR DEBTOR'<br>INTEREST IN PROPERTY |
|----------------------------------|---------------------------|--|
|----------------------------------|---------------------------|--|

### 11. Closed financial accounts

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER,<br>AND AMOUNT OF FINAL BALANCE | AMOUNT AND<br>DATE OF SALE<br>OR CLOSING |
|------------------------------------|--|--|
|------------------------------------|--|--|

### 12. Safe deposit boxes

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF BANK OR<br>OTHER DEPOSITORY | NAMES AND ADDRESSES<br>OF THOSE WITH ACCESS<br>TO BOX OR DEPOSITORY | DESCRIPTION<br>OF<br>CONTENTS | DATE OF TRANSFER<br>OR SURRENDER,<br>IF ANY |
|--|---|-------------------------------|---|
|--|---|-------------------------------|---|

### 13. Setoffs

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF<br>SETOFF | AMOUNT OF<br>SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

### 14. Property held for another person

None  List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS<br>OF OWNER | DESCRIPTION AND VALUE<br>OF PROPERTY | LOCATION OF PROPERTY |
|------------------------------|--------------------------------------|----------------------|
|------------------------------|--------------------------------------|----------------------|

### 15. Prior address of debtor

None  If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

### 16. Spouses and Former Spouses

None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Eric J. Swanson

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|
|---------------------------------------|---------------|-----------------------|

## 18. Nature, location and name of business

| None  | a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the <b>six years</b> immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the <b>six years</b> immediately preceding the commencement of this case. |  |                       |                               |
|---|--|--|-----------------------|-------------------------------|
| <i>If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the <b>six years</b> immediately preceding the commencement of this case.</i> |  |  |                       |                               |
| <i>If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the <b>six years</b> immediately preceding the commencement of this case.</i>    |  |  |                       |                               |
| NAME  | LAST FOUR DIGITS<br>OF SOCIAL SECURITY<br>OR OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN   | ADDRESS                                      | NATURE OF<br>BUSINESS | BEGINNING AND ENDING<br>DATES |
| (H) Al's Drywall<br>Service   |  | W5213 Sterlingworth Ct.<br>Elkhorn, WI 53121 | Drywalling            | 2002<br>Present               |
| (W) Kristine Clean  |  | W5213 Sterlingworth Ct.<br>Elkhorn, WI 53121 | House cleaning        | 2004<br>Present               |

| None                                | b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> |   |

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

## 19. Books, records and financial statements

| None                     | a. List all bookkeepers and accountants who within <b>two years</b> immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor. |
|--------------------------|--|
| <input type="checkbox"/> |  |

NAME AND ADDRESS \_\_\_\_\_ DATES SERVICES RENDERED \_\_\_\_\_

**Sheri Heckendorf**  
N7399 Mariner Hills Circle  
Elkhorn, WI 53121      2007  
Bookkeeper for H & W

| None                                | b. List all firms or individuals who within <b>two years</b> immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor. |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> |   |

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATES SERVICES RENDERED \_\_\_\_\_

| None                     | c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain. |
|--------------------------|--|
| <input type="checkbox"/> |  |

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Alfred & Kristine Schlender**  
W5213 Sterlingworth Ct.  
Elkhorn, WI 53121

| None                                | d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within <b>two years</b> immediately preceding the commencement of this case. |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> |   |

NAME AND ADDRESS \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

## 20. Inventories

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY<br>(Specify cost, market or other basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN<br>OF INVENTORY RECORDS |
|-------------------|---|
|-------------------|---|

## 21. Current Partners, Officers, Directors and Shareholders

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE<br>OF STOCK OWNERSHIP |
|------------------|-------|---|
|------------------|-------|---|

## 22. Former partners, officers, directors and shareholders

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

None  b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

## 23. Withdrawals from a partnership or distributions by a corporation

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION<br>AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

## 24. Tax Consolidation Group.

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 4-23-08Signature  
of DebtorAlfred H. Schlender JrDate 4-23-08Signature  
of Joint Debtor  
(if any)Kristine A. Schlender

UNITED STATES BANKRUPTCY COURT  
Eastern District of Wisconsin

In re: Alfred H. Schlender Jr Kristine A. Schlender  
Debtors

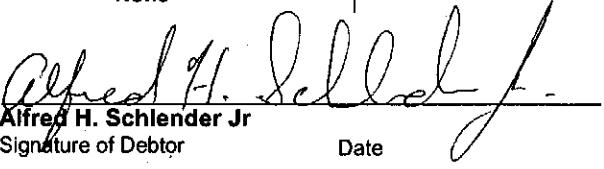
Case No. 08-23679 jes  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

| Description of Secured Property         | Creditor's Name          | Property will be Surrendered | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) |
|---|--------------------------|------------------------------|-------------------------------|---|--|
| 1. 2004 Kia Sorento LX Sport Utility 4D | Drive Financial Services |                              |                               |   | X  |

| Description of Leased Property | Lessor's Name | Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A) |
|--------------------------------|---------------|--|
| None                           |               |  |

  
Alfred H. Schlender Jr

Signature of Debtor

Date

4-23-08

  
Kristine A. Schlender 4-23-08

Kristine A. Schlender

Signature of Joint Debtor (if any) Date

**DEBTOR ACKNOWLEDGMENT**

THE UNDERSIGNED DEBTOR(S), being fully advised, do(es) hereby acknowledge as follows:

1. I have read my bankruptcy petition and schedules and exhibits and the same are true to the best of my knowledge and belief, under penalties of perjury.
2. To the best of my knowledge, I have listed all my assets, as shown on Schedules A and B, and I have reviewed these schedules thoroughly.
3. I understand that in the event I become entitled to an inheritance, life insurance proceeds or other death benefits within 180 days after filing bankruptcy, that this would be an asset of the bankruptcy.
4. I understand that if I am filing singularly, but am married, in the event I receive a marital property settlement with 180 days after filing bankruptcy, that this, too, is an asset of my bankruptcy estate.
5. I understand that I am to bring with me to the §341 Hearing a copy of:
  - A. The deed, mortgage(s)/land contracts, last year's tax bill and any appraisals for any real estate in which I am an owner or purchaser;
  - B. Each Uniform Commercial Code Financing Statement, all security agreements and proof of perfection filed against me (e.g., business loan, consumer loans);
  - C. The title to each vehicle, mobile home, or boat I own worth more than \$1,500.00, together with all security agreements, notes and a statement of the balance due on any loans on these assets.
6. I provide the following information regarding transfers of my property over \$1,000.00 in value, at any one time, without adequate consideration, within the past 4 years prior to my filing this bankruptcy: \_\_\_\_\_ (NONE MADE) or (to whom, when, how much):
7. I have the following claims pending or contemplated: \_\_\_\_\_ (NONE), or,

I understand that if I do not advise the Trustee of this, it is possible I will not be entitled to pursue the claim

The undersigned understands the above.

Dated: 4-23-08  
Alfred H. Schloef  
Debtor

Christie A. Schloef 4-23-08  
Joint Debtor

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WISCONSIN

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

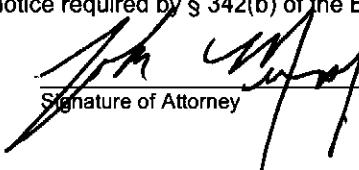
A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

John M. Murphy  
Printed Name of Attorney

  
Signature of Attorney

05/23/08  
Date

Address:

Murphy & Volbrecht, S.C.  
114 W. Court Street, P.O. Box 955  
Elkhorn, WI 53121-0955  
Elkhorn, WI 53121

262-723-4110

**Certificate of the Debtor**

We, the debtors, affirm that we have received and read this notice.

Alfred H. Schlender Jr

Alfred H. Schlender Jr

Kristine A. Schlender

Signature of Debtor

Date

Printed Name(s) of Debtor(s)

Kristine A. Schlender

Case No. (if known) 08-23679 jes

Signature of Joint Debtor

Date

## WRITTEN NOTICE REQUIRED UNDER SECTION 342(b)(1)

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

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2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

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2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Alfred H. Schlender 4-23-08

Alfred H. Schlender Jr

Signature of Debtor

Date

Kristine A. Schlender 4-23-08

Kristine A. Schlender

Signature of Joint Debtor

Date

**WRITTEN NOTICE REQUIRED UNDER SECTION 527(a)(2)**

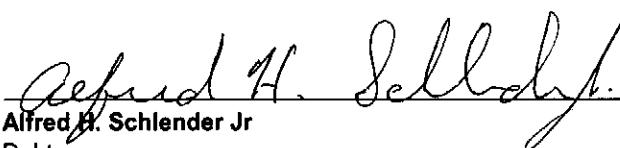
All information that you are required to provide with a petition and thereafter during a case under title 11 ("Bankruptcy") of the United States Code is required to be complete, accurate, and truthful.

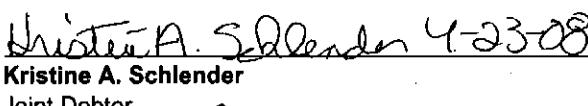
All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in title 11 United States Code section 506 must be stated in those documents where requested after reasonable inquiry to establish such value.

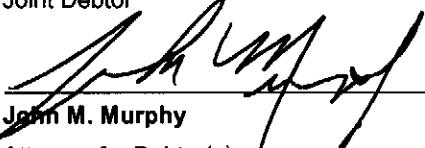
Current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of title 11, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry.

Information that you provide during your case may be audited pursuant to title 11. Failure to provide such information may result in dismissal of the case under title 11 or other sanction, including criminal sanctions.

Date 4-23-08

  
\_\_\_\_\_  
Alfred H. Schlender Jr  
Debtor

  
\_\_\_\_\_  
Kristine A. Schlender  
Joint Debtor

  
\_\_\_\_\_  
John M. Murphy  
Attorney for Debtor(s)

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WISCONSIN**

**STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. § 341**

**INTRODUCTION**

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Bankruptcy Administrator has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of -

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts in bankruptcy;
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This statement contains only general principles of law and is not a substitute for legal advice. If you have any questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

**WHAT IS A DISCHARGE?**

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed in your bankruptcy schedules. A discharge is a court order that says that you do not have to repay your debts, but there are a number of exceptions. Debts which usually may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; debts which were not listed in your bankruptcy schedules; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to repay debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

**WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?**

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying debts that were not listed on your bankruptcy schedules or that you incurred after you filed bankruptcy. There are exceptions to this general statement. See your lawyer if you have questions.

**WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?**

After you file your bankruptcy petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court sixty (60) days after the first meeting of creditors.

Reaffirmation agreements are strictly voluntary. They are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt. This is particularly true when property you wish to retain is collateral for a debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues an order of discharge or within sixty (60) days after you filed the reaffirmation agreement with the court, whichever is later.

If you reaffirm a debt and fail to make the payments as required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any deficiency. In addition, creditors may seek other remedies, such as garnishment of wages.

**OTHER BANKRUPTCY OPTIONS**

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtors' farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtors must pay the chapter 13 trustee the amount set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

By signing below, I/we acknowledge that I/we have received a copy of this document, and that I/we have had an opportunity to discuss the information in this document with an attorney of my/our choice.

Date

04/23/08

Alfred H. Schlender Jr

Alfred H. Schlender 4-23-08

Kristine A. Schlender

John M. Murphy

## IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a "trustee" and by creditors.

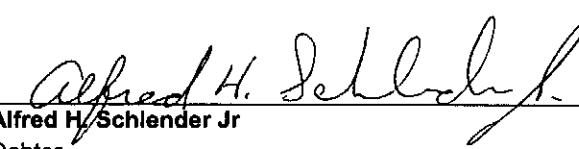
If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

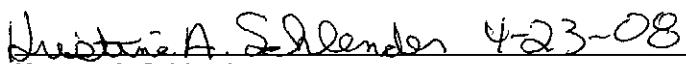
If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

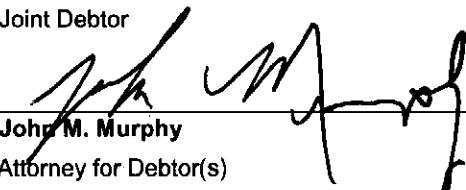
If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Date 4-23-08

  
\_\_\_\_\_  
Alfred H. Schlender Jr  
Debtor

  
\_\_\_\_\_  
Kristine A. Schlender  
Joint Debtor

  
\_\_\_\_\_  
John M. Murphy  
Attorney for Debtor(s)

UNITED STATES BANKRUPTCY COURT  
Eastern District of Wisconsin

In re: Alfred H. Schlender Jr Kristine A. Schlender Case No. 08-23679 jes  
Debtors Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                    |
|---|--------------------|
| For legal services, I have agreed to accept           | \$ <u>1,500.00</u> |
| Prior to the filing of this statement I have received | \$ <u>500.00</u>   |
| Balance Due   | \$ <u>1,000.00</u> |

2. The source of compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Fees include review of papers, matters related to bankruptcy and negotiating reaffirmation agreement for vehicle.  
Fees also include filing as a rush due to pending utility shutoff.**

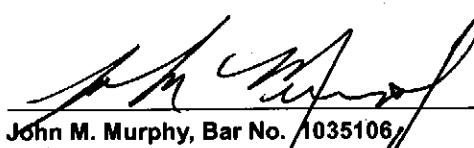
6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**Adversary proceedings and other contested bankruptcy matters.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 08/23/08

  
John M. Murphy, Bar No. 1035106

Murphy & Volbrecht, S.C.  
Attorney for Debtor(s)

Al's Drywall Service  
W5213 Sterlingworth Court  
Elkhorn, WI 53121

Al's Drywall Supply  
1080 Proctor Drive  
Elkhorn, WI 53121

Ameritech Publishing  
c/o Muller, Muller, Richmond, Harms  
Myers & Sgroi  
33233 Woodward Ave., Box 3026  
Birmingham, MI 48009-0903

Anthony McCarthy  
c/o Showpalace - Gentlemen's Club  
N2505 US Hwy 14  
Darien, WI 53114

AT&T Yellow Pages.com  
c/o McCarthy, Burgess & Wolff  
The MB & W Building  
26000 Cannon Road  
Cleveland, OH 44146

Big State Industrial Supply, Inc.  
PO Box 5410  
Riverside, CA 92507

Business Review  
4000 East 5th Ave.  
Columbus, OH 43219

Cal-Pacific Products  
Santa Fe Freight  
20725 Prairie St.  
Chatsworth, CA 91311

Credit Management Services  
1611 West County Road B, STE 306  
St. Paul, MN 55113

D& S, LTD  
231 Main St., Suite 240  
Round Rock, TX 78664

Drive Financial Services  
PO Box 660633  
Dallas, TX 75266-0633

First Premier Bank  
PO Box 5519  
Sioux Falls, SD 57117-5519

Gypson Supply  
976 Proctor Dr.  
Elkhorn, WI 53121

Home Depot Credit Services  
Customer Service  
PO Box 689100  
Des Moines, IA 50368-9100

HSBC Card Services  
PO Box 81622  
Salinas, CA 93912-1622

Internal Revenue Service/Insolvency  
Stop 5301 MIL  
Insolvency Unit  
310 W. Wisconsin Ave.  
Milwaukee, WI 53203

IRS  
Cincinnati, OH 45999-0025

Janesville Door  
3108 McCormick  
Janesville, WI 53546

JJ MacIntyre Co.  
P.O. Box 78150  
Corona, CA 92877-0121

Key Financial Services, LLC  
PO Box 6216  
Madison, WI 53716-0216

Lauderdale Lakes Marina  
N7536 Sterlingworth Drive  
Elkhorn, WI 53121

Mercy Health System  
PO Box 5003  
Janesville, WI 53547-5003

MHS Physician Services  
PO Box 5081  
Janesville, WI 53547-5081

Midwest Drywall Supply  
1080 Proctor Drive  
Elkhorn, WI

Petrie & Stocking, S.C.  
111 East Wisconsin Ave., Suite 1500  
Milwaukee, WI 53202

Receivable Management Services  
4836 Brecksville Road  
PO Box 539  
Richfield, OH 474286

Sam's Club  
c/o GE Money Bank  
Attn: Bankruptcy Dept.  
PO Box 103104  
Roswell, GA 30076

Sam's Club  
PO Box 981064  
El Paso, TX 79998-1064

Security Finance Corp.  
1421 Racine Street, Suite C  
Delavan, WI 53115

The Berry Company  
PO Box 710298  
Cincinnati, OH 45271-0298

Veolia Environmental Services  
1215 Klement St.  
Fort Atkinson, WI 53538

Vital Recovery Serv Inc.  
P.O. Box 923747  
Norcross, GA 30010-3747

Vital Recovery Services, Inc.  
Agent for WFS Financial  
& Wachovia Dealer Services  
PO Box 923747  
Nocross, GA 30010-3747

We Energies  
PO Box 2046  
Milwaukee, WI 53201-2046

Wisconsin Department of Revenue  
PO Box 8901  
Madison, WI 53708

Yellow Pages.com  
PO Box 650098  
Dallas, TX 75265-0098

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WISCONSIN

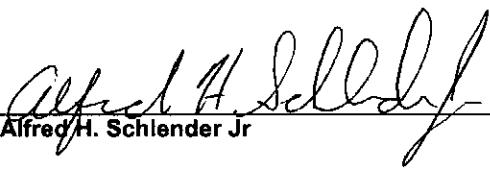
In re: Alfred H. Schlender Jr Kristine A. Schlender  
Debtors

Case No. 08-23679 jes  
Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

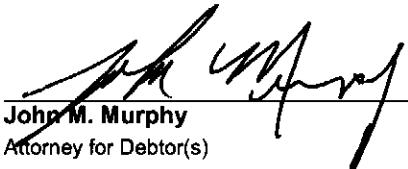
The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 4 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 4-23-08

Signed:   
Alfred H. Schlender Jr

Dated: 4-23-08

Signed:   
Kristine A. Schlender  
Kristine A. Schlender

Signed:   
John M. Murphy  
Attorney for Debtor(s)  
Bar no.: 1035106  
**Murphy & Volbrecht, S.C.**  
**114 W. Court Street, P.O. Box 955**  
**Elkhorn, WI 53121-0955**  
**Elkhorn, WI 53121**  
Telephone No.: 262-723-4110  
Fax No.: 262-723-7197  
E-mail address:

In re **Alfred H. Schlender Jr, Kristine A. Schlender**

Debtor(s)

Case Number: **08-23679 jes**  
(If known)

According to the calculations required by this statement:

The presumption arises  
 The presumption does not arise

(Check the box as directed in Parts I, III, and VI of this statement.)

## **CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION**

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

### **Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS**

|    |  |
|----|--|
| 1A | If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |
|    | <p><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p> |
| 1B | If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
|    | <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>  |

### **Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

|    |  |                             |                |             |    |  |             |    |                 |                             |
|----|--|-----------------------------|----------------|-------------|----|--|-------------|----|-----------------|-----------------------------|
| 2  | <b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.  |                             |                |             |    |  |             |    |                 |                             |
|    | <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</b></p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</b></p> |                             |                |             |    |  |             |    |                 |                             |
| 3  | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  |                             |                |             |    |  |             |    |                 |                             |
|    | <b>Column A<br/>Debtor's<br/>Income</b> <b>Column B<br/>Spouse's<br/>Income</b>  |                             |                |             |    |  |             |    |                 |                             |
| 4  | <b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b>  |                             |                |             |    |  |             |    |                 |                             |
|    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td>Gross Receipts</td> <td style="width: 15%;">\$ 2,387.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$ 3,395.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>  | a.                          | Gross Receipts | \$ 2,387.00 | b. | Ordinary and necessary business expenses | \$ 3,395.00 | c. | Business income | Subtract Line b from Line a |
| a. | Gross Receipts   | \$ 2,387.00                 |                |             |    |  |             |    |                 |                             |
| b. | Ordinary and necessary business expenses   | \$ 3,395.00                 |                |             |    |  |             |    |                 |                             |
| c. | Business income  | Subtract Line b from Line a |                |             |    |  |             |    |                 |                             |
|    | <b>\$0.00</b> <b>\$560.00</b>  |                             |                |             |    |  |             |    |                 |                             |
| 5  | <b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b>  |                             |                |             |    |  |             |    |                 |                             |
|    |  |                             |                |             |    |  |             |    |                 |                             |

|   |   |   |                 |                 |             |    |
|---|---|---|-----------------|-----------------|-------------|----|
| 5   | a. Gross Receipts<br>b. Ordinary and necessary operating expenses<br>c. Rent and other real property income   | \$ 0.00<br>\$ 0.00<br>Subtract Line b from Line a                               | \$0.00          | \$0.00          |             |    |
| 6   | Interest, dividends, and royalties.   |   | \$0.00          | \$0.00          |             |    |
| 7   | Pension and retirement income.  |   | \$0.00          | \$0.00          |             |    |
| 8   | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  |   | \$0.00          | \$0.00          |             |    |
| 9   | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____ | Spouse \$ _____ | \$          | \$ |
| 10  | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | a.  | \$              |                 |             |    |
|   | Total and enter on Line 10.   |   |                 | \$0.00          | \$0.00      |    |
| 11  | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).  |   |                 | \$0.00          | \$560.00    |    |
| 12  | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.   |   |                 | \$ 560.00       |             |    |
| <b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b> |   |   |                 |                 |             |    |
| 13  | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.  |   |                 |                 | \$6,720.00  |    |
| 14  | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |   |                 |                 | \$54,297.00 |    |
| a.  | Enter debtor's state of residence: WI   | b. Enter debtor's household size: 2   |                 |                 |             |    |
| 15  | Application of Section 707(b)(7). Check the applicable box and proceed as directed.   |   |                 |                 |             |    |
|   | <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.  |   |                 |                 |             |    |
|   | <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.  |   |                 |                 |             |    |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

**Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)**

|    |  |    |    |    |
|----|--|----|----|----|
| 16 | Enter the amount from Line 12.   | \$ |    |    |
| 17 | <b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. |    |    |    |
|    | a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 100px; height: 20px;"></td><td style="width: 100px; height: 20px; text-align: right;">\$</td></tr></table>   |    | \$ | \$ |
|    | \$   |    |    |    |
|    | Total and enter on Line 17.  | \$ |    |    |

18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.

**Part V. CALCULATION OF DEDUCTIONS FROM INCOME****Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

| 19A                                     | <b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |  | \$                                      |  |                          |                          |                       |                             |              |              |    |
|---|---|--|---|--|--------------------------|--------------------------|-----------------------|-----------------------------|--------------|--------------|----|
| 19B                                     | <b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |  | \$                                      |  |                          |                          |                       |                             |              |              |    |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Household members under 65 years of age</th> <th style="text-align: left; padding: 2px;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a1. Allowance per member</td> <td style="padding: 2px;">a2. Allowance per member</td> </tr> <tr> <td style="padding: 2px;">b1. Number of members</td> <td style="padding: 2px;">b2. Number of members</td> </tr> <tr> <td style="padding: 2px;">c1. Subtotal</td> <td style="padding: 2px;">c2. Subtotal</td> </tr> </tbody> </table>  |  | Household members under 65 years of age | Household members 65 years of age or older | a1. Allowance per member | a2. Allowance per member | b1. Number of members | b2. Number of members       | c1. Subtotal | c2. Subtotal | \$ |
| Household members under 65 years of age | Household members 65 years of age or older  |  |   |  |                          |                          |                       |                             |              |              |    |
| a1. Allowance per member                | a2. Allowance per member  |  |   |  |                          |                          |                       |                             |              |              |    |
| b1. Number of members                   | b2. Number of members   |  |   |  |                          |                          |                       |                             |              |              |    |
| c1. Subtotal                            | c2. Subtotal  |  |   |  |                          |                          |                       |                             |              |              |    |
| 20A                                     | <b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).   |  | \$                                      |  |                          |                          |                       |                             |              |              |    |
| 20B                                     | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>  |  | \$                                      |  |                          |                          |                       |                             |              |              |    |
|   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 100px; height: 20px; border: none;"></td><td style="width: 100px; height: 20px; text-align: right; border: none;">\$</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 100px; height: 20px; border: none;"></td><td style="width: 100px; height: 20px; text-align: right; border: none;">\$</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 100px; height: 20px; border: none;"></td><td style="width: 100px; height: 20px; text-align: right; border: none;">Subtract Line b from Line a</td></tr></table>  |  |   | \$   |                          | \$                       |                       | Subtract Line b from Line a | \$           |              |    |
|   | \$  |  |   |  |                          |                          |                       |                             |              |              |    |
|   | \$  |  |   |  |                          |                          |                       |                             |              |              |    |
|   | Subtract Line b from Line a   |  |   |  |                          |                          |                       |                             |              |              |    |

|     |  |                             |   |    |    |  |    |    |   |                             |    |
|-----|--|-----------------------------|---|----|----|--|----|----|---|-----------------------------|----|
| 21  | <p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 22A | <p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 22B | <p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>  | \$                          |   |    |    |  |    |    |   |                             |    |
| 23  | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="margin-left: 20px;"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td style="text-align: center;">Subtract Line b from Line a</td> </tr> </table> | a.                          | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ |
| a.  | IRS Transportation Standards, Ownership Costs  | \$                          |   |    |    |  |    |    |   |                             |    |
| b.  | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42   | \$                          |   |    |    |  |    |    |   |                             |    |
| c.  | Net ownership/lease expense for Vehicle 1  | Subtract Line b from Line a |   |    |    |  |    |    |   |                             |    |
| 24  | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="margin-left: 20px;"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: center;">Subtract Line b from Line a</td> </tr> </table>  | a.                          | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ |
| a.  | IRS Transportation Standards, Ownership Costs  | \$                          |   |    |    |  |    |    |   |                             |    |
| b.  | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42   | \$                          |   |    |    |  |    |    |   |                             |    |
| c.  | Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a |   |    |    |  |    |    |   |                             |    |
| 25  | <p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 26  | <p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 27  | <p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>   | \$                          |   |    |    |  |    |    |   |                             |    |

|    |  |    |
|----|--|----|
| 28 | <b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>   | \$ |
| 29 | <b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.   | \$ |
| 30 | <b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>  | \$ |
| 31 | <b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>   | \$ |
| 32 | <b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b> | \$ |
| 33 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.   | \$ |

#### **Subpart B: Additional Living Expense Deductions**

**Note: Do not include any expenses that you have listed in Lines 19-32**

|    |   |    |                  |    |    |                      |    |    |                        |    |    |
|----|---|----|------------------|----|----|----------------------|----|----|------------------------|----|----|
| 34 | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td><td>Health Insurance</td><td style="width: 10%;">\$</td></tr> <tr> <td>b.</td><td>Disability Insurance</td><td>\$</td></tr> <tr> <td>c.</td><td>Health Savings Account</td><td>\$</td></tr> </table> | a. | Health Insurance | \$ | b. | Disability Insurance | \$ | c. | Health Savings Account | \$ | \$ |
| a. | Health Insurance  | \$ |                  |    |    |                      |    |    |                        |    |    |
| b. | Disability Insurance  | \$ |                  |    |    |                      |    |    |                        |    |    |
| c. | Health Savings Account  | \$ |                  |    |    |                      |    |    |                        |    |    |
|    | Total and enter on Line 34<br><b>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</b><br>\$ _____  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 35 | <b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 36 | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   | \$ |                  |    |    |                      |    |    |                        |    |    |
| 37 | <b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>   | \$ |                  |    |    |                      |    |    |                        |    |    |
| 38 | <b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>                                     | \$ |                  |    |    |                      |    |    |                        |    |    |

|    |   |    |
|----|---|----|
| 39 | <b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b> | \$ |
| 40 | <b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   | \$ |
| 41 | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40.  | \$ |

**Subpart C: Deductions for Debt Payment**

|  |   |                               |  |  |                           |  |    |    |   |                               |  |  |
|--|---|-------------------------------|--|--|---------------------------|--|----|----|---|-------------------------------|--|--|
| 42   | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.  | \$                            |  |  |                           |  |    |    |   |                               |  |  |
|  | <table border="1"> <tr> <td></td><td>Name of Creditor</td><td>Property Securing the Debt</td><td>Average Monthly Payment</td><td>Does payment include taxes or insurance?</td></tr> <tr> <td>a.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> </table>  |                               | Name of Creditor                                   | Property Securing the Debt                               | Average Monthly Payment   | Does payment include taxes or insurance?   | a. |    |   | \$                            | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
|  | Name of Creditor  | Property Securing the Debt    | Average Monthly Payment                            | Does payment include taxes or insurance?                 |                           |  |    |    |   |                               |  |  |
| a.   |   |                               | \$   | <input type="checkbox"/> yes <input type="checkbox"/> no |                           |  |    |    |   |                               |  |  |
| Total: Add Lines a, b and c                    |   |                               |  |  |                           |  |    |    |   |                               |  |  |
| 43   | <b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. | \$                            |  |  |                           |  |    |    |   |                               |  |  |
|  | <table border="1"> <tr> <td></td><td>Name of Creditor</td><td>Property Securing the Debt</td><td>1/60th of the Cure Amount</td></tr> </table>   |                               | Name of Creditor                                   | Property Securing the Debt                               | 1/60th of the Cure Amount |  |    |    |   |                               |  |  |
|  | Name of Creditor  | Property Securing the Debt    | 1/60th of the Cure Amount                          |  |                           |  |    |    |   |                               |  |  |
| Total: Add Lines a, b and c                    |   |                               |  |  |                           |  |    |    |   |                               |  |  |
| 44   | <b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>  | \$                            |  |  |                           |  |    |    |   |                               |  |  |
| 45   | <b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.  | \$                            |  |  |                           |  |    |    |   |                               |  |  |
|  | <table border="1"> <tr> <td>a.</td><td>Projected average monthly Chapter 13 plan payment.</td><td>\$</td></tr> <tr> <td>b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td><td>x</td></tr> <tr> <td>c.</td><td>Average monthly administrative expense of Chapter 13 case</td><td>Total: Multiply Lines a and b</td></tr> </table>  | a.                            | Projected average monthly Chapter 13 plan payment. | \$   | b.                        | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | x  | c. | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b |  |  |
| a.   | Projected average monthly Chapter 13 plan payment.  | \$                            |  |  |                           |  |    |    |   |                               |  |  |
| b.   | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | x                             |  |  |                           |  |    |    |   |                               |  |  |
| c.   | Average monthly administrative expense of Chapter 13 case   | Total: Multiply Lines a and b |  |  |                           |  |    |    |   |                               |  |  |
| 46   | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.   | \$                            |  |  |                           |  |    |    |   |                               |  |  |
| <b>Subpart D: Total Deductions from Income</b> |   |                               |  |  |                           |  |    |    |   |                               |  |  |
| 47   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.  | \$                            |  |  |                           |  |    |    |   |                               |  |  |

**Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

|    |  |    |
|----|--|----|
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))   | \$ |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  | \$ |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result  | \$ |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.  | \$ |
| 52 | <b>Initial presumption determination.</b> Check the applicable box and proceed as directed.<br><input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55). |    |
| 53 | Enter the amount of your total non-priority unsecured debt   | \$ |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.   | \$ |
| 55 | <b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.<br><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.<br><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.   |    |

**Part VII. ADDITIONAL EXPENSE CLAIMS**

|                                 |   |  |                     |                |                                 |  |
|---------------------------------|---|--|---------------------|----------------|---------------------------------|--|
| 56                              | <b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.<br><table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Expense Description</td> <td style="width: 90%;">Monthly Amount</td> </tr> <tr> <td colspan="2" style="text-align: center;">Total: Add Lines a, b, and c \$</td> </tr> </table> |  | Expense Description | Monthly Amount | Total: Add Lines a, b, and c \$ |  |
| Expense Description             | Monthly Amount  |  |                     |                |                                 |  |
| Total: Add Lines a, b, and c \$ |   |  |                     |                |                                 |  |

**Part VIII. VERIFICATION**

|    |  |  |
|----|--|--|
| 57 | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)<br>Date: <u>4-23-08</u> Signature: <u>Alfred H. Schlender</u><br>Alfred H. Schlender Jr, (Debtor)<br>Date: <u>4-23-08</u> Signature: <u>Kristine A. Schlender</u><br>Kristine A. Schlender, (Joint Debtor, if any) |  |
|----|--|--|